



## Year 4 PERFORMANCE REPORT

**Reporting Period:** October 1, 2012 - September 30, 2013

**Submitted by:** Partnership for integrated Social Marketing – PRISM

**Program title:** PRISM

**Contract No:** GHH-I-00-07-00062-00

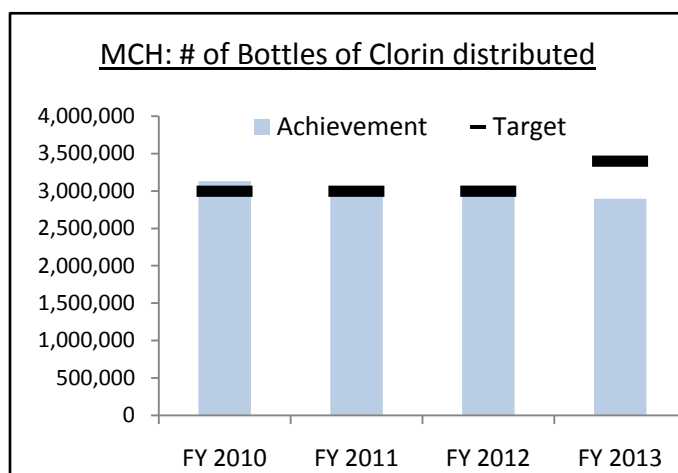
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**Task 1: Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.**

### **Task 1.1 Increase the supply and diversity of child health products and services**

#### ❖ **Expanded access to and targeted distribution of *Clorin*:**

In Year 4 of the PRISM project, PRISM distributed 2,895,608 bottles of *Clorin*, enough to treat 1.9 billion liters of water and benefit 241,000 households with an average of 6 members for a year in all the 10 provinces of Zambia. The table below shows the *Clorin* distribution figures and targets over the 4 years of the PRISM project.



Society for Family Health has continued to partner with CARE International to expand rural access to *Clorin* by continued training & retraining of community-based volunteers (CBVs) in the promotion of correct and consistent use of *Clorin*, as well as social entrepreneurship techniques for the subsidized sale and distribution of *Clorin* to underserved rural

Fig 1. Achieved number of Clorin bottles distributed compared to target

communities in Luapula, Eastern, Northern, and Southern Provinces. A total of 141,248 people were reached with *Clorin*, Safe Water and Hygiene practice messaging through targeted interpersonal communication activities through door to door campaigns.

The CARE volunteers targeted influential leaders to garner support towards *Clorin* utilization. All the four Provincial Health Offices (PHOs) acknowledged belief that the contributions of the CBV services at community levels in reducing diarrheal diseases through their health education and marketing/selling of *Clorin* in their communities was significant.

During year 4, PRISM partner, Population Council completed the Willingness to Pay study for *Clorin* and Maximum condoms. This study aimed at determining whether consumers were willing to pay a higher price for *Clorin*, a subsidized water purifying solution. Data analysis and final report will be completed during year 5.

### **Task 1.2 Increase the supply and diversity of integrated reproductive health products and services**

#### **❖ SafePlan3 Oral Contraceptives:**

During Year 4, the PRISM project distributed 2,303,678 cycles of *Safeplan3* oral contraceptives in all our supported facilities countrywide, representing a 96% achievement of the target 2.4 million.

Various activities were conducted in Year 4 to market and supply *SafePlan3* including repackaging and re-launching *Safeplan3* through a community event in Kalingalinga community in Lusaka with participation from the USAID Mission and community stakeholders. Community volunteers have also contributed to the rural distribution of the contraceptives after a series of trainings conducted in distribution and promotion of *Safeplan3* in the rural areas of Northern, Luapula, Eastern and Southern Provinces, with support from CARE International.

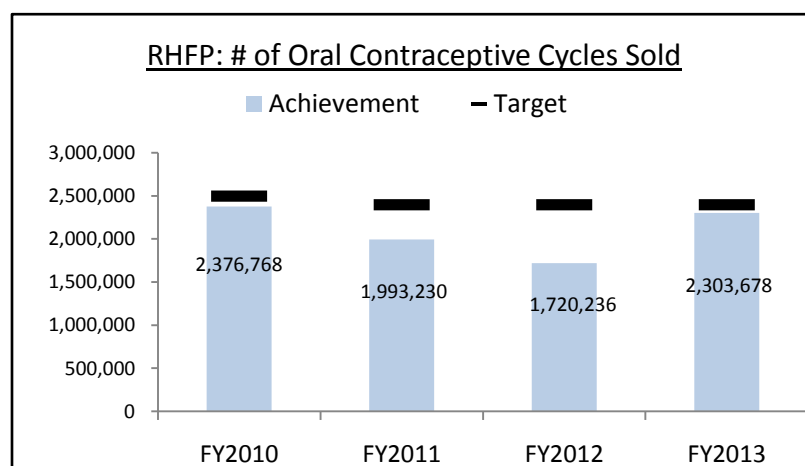


Fig 2. Achieved number of Oral contraceptive cycles sold compared to target

PRISM CBVs continued to reach the communities with interpersonal communication (IPC) health messages on family planning through door-to-door mobilization for prevention of unplanned/unwanted pregnancies. PRISM CBVs marketed and sold cycles of *SafePlan3* to eligible

clients and referred others to health facilities for other methods of family planning currently not provided by the CBVs, in order to increase access to family planning services.

❖ **Long-Acting Reversible Contraception (LARC):**

PRISM continues to partner with public health facilities to provide LARC services, including post-partum IUD services, in selected districts of all 10 provinces of Zambia, including the 4 Saving Mothers Giving Life districts (Kalomo, Mansa, Nyimba and Lundazi). During Year 4, PRISM provided LARC services to 61,560 women, achieving 99% of the 62,000 annual target. The total achievement is composed of 75% implants and 24% IUCDs. This increase is attributed to expansion of LARC services to 2 additional provinces during the PRISM year 4 – Western and North-Western.

In addition, PRISM expanded demand creation activities by hiring and placing part-time health promoters (HPs) in catchment areas where LARC services are being provided. These HPs performed door-to-door and community sensitizations and booked clients for the LARC services.

SFH continued to train public sector staff to provide LARC services in 508 facilities offering these services and thus contributing to the increased number of clients accessing LARC services.

As part of LARC services, SFH continued to provide post-partum intra-uterine device (PPIUD) services. During Year 4, 496 clients were served with PPIUD; this number is a reduction from the Year 3 achievement (940) and a strategy to increase uptake has been devised and is being implemented. However, the number of clients served with PPIUD shows a reduction from Year 3.

❖ **Integrating RH product/service delivery:**

During Year 4, PRISM continued to provide integrated RH services to clients in all the supported facilities. In Year 4 71,611 HTC clients received reproductive health and family planning messages at PRISM *New Start* voluntary HIV counseling and testing centers and 11,587 female clients were referred for family planning services.

***Task 1.3 Increase the supply and diversity of products and services to prevent and manage HIV infection and STIs***

❖ **Condom Social Marketing:**

PRISM continued to work through private, public and non-governmental channels to increase access to a range of HIV prevention products and services including male and female condoms. The project works to strengthen awareness, and increase uptake of services and products. In Year 4, this strategy yielded a total distribution of 25.5 million male condoms and 271,232 female condoms. This performance is attributed to continued collaboration with traditional outlets, corporate industries including mobile service providers, the mines, banks and other non-government channels. In addition to the above target markets, PRISM continued to market

male and female condoms in non-traditional outlets including hair salons, barbershops, grocery shops, bars, and nightclubs nationwide.

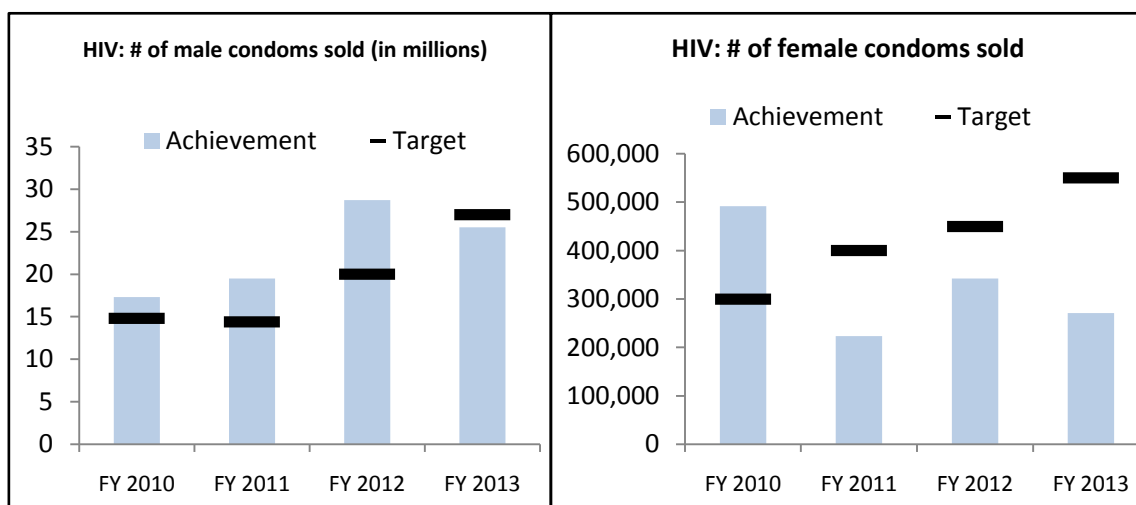


Fig 3. Achieved number of Male and Female condoms sold compared to target

PRISM continued to work with CARE International to provide community-based distribution of male and female condoms in hard to reach rural communities in 4 provinces and with ZHECT to reach most at risk populations in peri-urban areas in 4 Lusaka provinces. The community volunteers helped to promote and increase community access to health products for clients living far from health center catchment areas in the hard to reach and remote project districts. The CBVs engaged individuals, households and community members on a one-to-one basis within the community settings.

#### ❖ HIV Counseling and Testing (HTC):

In Year 4 the PRISM project provided HTC services to 238,771 clients, of which 46,076 tested as couples, and 198,383 tested through mobile clinic. PRISM enrolled 15,713 HIV+ clients to receive post-test support through the Horizon network.

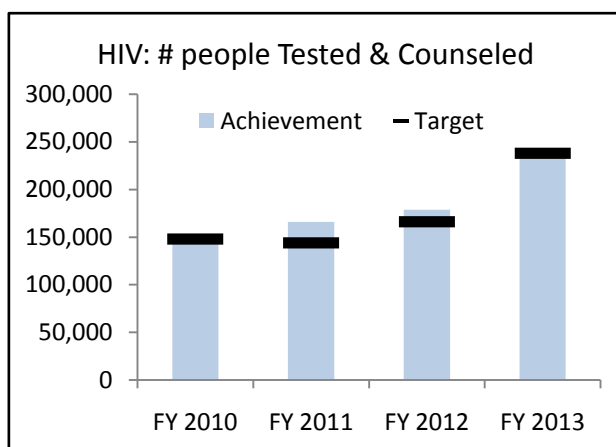


Fig 4. Achieved number of clients counseled and tested for HIV compared to target

SFH obtained a donation from Alere Diagnostics of eight point-of-care CD4 analyzers (PIMA machine) and piloted the use of the machines in six *NewStart* sites. Twenty PRISM nurse counselors were trained and 18 certified in the use of the machines. The analyzers were used at both *NewStart* static sites and during outreach sessions to address bottlenecks in the continuum of care from testing to treatment for HTC clients who test positive for HIV. Analysis of the results from three of the sites showed that

utilizing point-of-care CD4 analyzers in an HTC setting improves linkages and enrollment into ART.

#### ❖ **Voluntary Medical Male Circumcision (VMMC):**

A total of 57,850 males received VMMC service during Year 4, achieving 109% of the annual target. A series of activities in Year 4 influenced this positive performance which among others included engagement of traditional leaders from various chiefdoms by the US Ambassador at the House of Chiefs to help mobilization for VMMC in their respective chiefdoms. The traditional leaders have spread the word in their respective areas, evidenced in the number of medical circumcisions conducted during traditional ceremonies. At traditional ceremonies, VMMC services are offered in medical tents which meet all environmental health requirements and quality standards. This demonstrates that VMMC services can be done outside facility-based clinical settings.

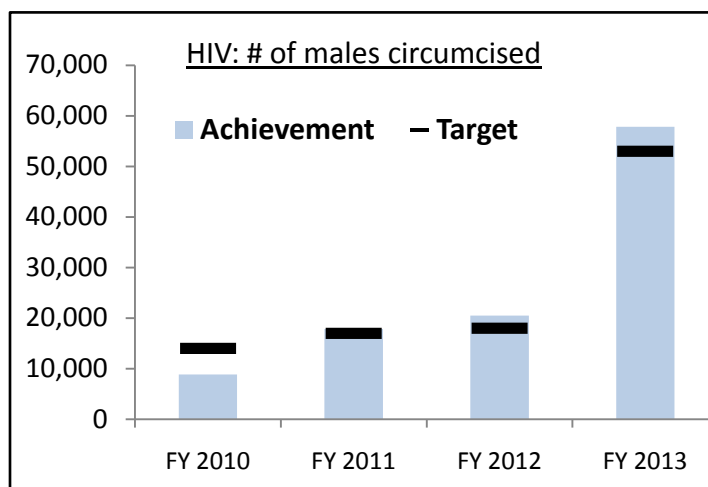


Fig 5. Achieved number of MCs conducted, compared to target

PRISM aired age specific adverts to enhance service uptake among older men, increased collaboration with DHOs to enhance GRZ ownership at implementation level by holding planning meetings prior to campaign periods, and continued to build technical skill capacity of more public sector health providers to support MC activities in outreach.

However, even though there was a significant increase in VMMC uptake in Year 4 compared to Year 3, PRISM faced some challenges, among others include; few trained MOH, MCDMCH providers in some outreach sites, with shortage most felt during the campaign periods and low service uptake among older men (25 yrs and above).

#### ***Task 1.4 Increase the supply and diversity of products and services to prevent and control malaria for distribution and delivery through the private sector, in conjunction with the public sector.***

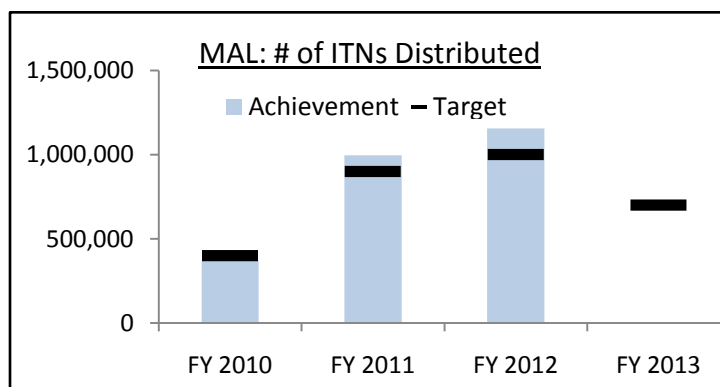


Fig 6. Achieved number of ITNs distributed, compared to target

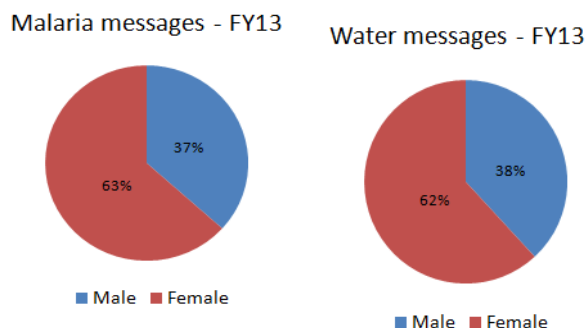
#### ❖ **LLIN Distribution:**

PRISM works closely with the MoH, MCDMCH National Malaria Control Centre (NMCC) and other partners to support the goal of sustained universal coverage for long lasting insecticide-treated nets (LLINs). During Year 4, PRISM did not distribute LLINs, due to late finalization of

distribution plans and target by the Ministry of Health. A total of 1.46m LLINs were received during the reporting period but the distribution on started at the very end the FY.

**Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base**

❖ **Prevention of Childhood Illnesses & Malaria:**



*Fig 7. Achieved proportion of clients reached with Water and Malaria messages.*

SFH continued to sensitize the communities through practical demonstrations, in hard-to-reach rural areas, low income urban locations at highly populated bus-stations and markets. Importance of hand washing using running water with soap is emphasized. Using interpersonal communication, 207,341 people were reached with interpersonal communication messages on Clorin use and hygiene practices. SFH also engaged with locally existing Neighborhood Health Committee structures to sensitize the

communities in proper use of ITNs. The PRISM team also used Mobile Video Unit (MVU) shows to disseminate malaria messages to other population that might have not been covered in schools, markets and bus-stations.

❖ **Creating Informed Demand for VMMC:**

SFH conducted various activities to raise awareness in VMMC service provision. Road shows were conducted, staging popular local artists to attract the masses. Education institutions were engaged by collaborating with some trained school teachers on benefits of VMMC who also act as key messaging personnel to the school population. The PRISM team also supported Body Building contests e.g. 'Mr-Maximum' by branding the contestants and display of banners containing messages on Male Circumcision.

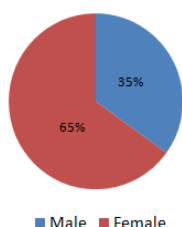
The team participated in re-activation of VMMC services at Kalingalinga Clinic. Clients seeking VMMC services had reduced due to various misconceptions in the communities surrounding clinic. Activities undertaken were a mini-launch of VMMC at the health center attended and IPC and mid-media (mobile video units) interventions within the communities around the health center. PRISM will continue to provide platform to broadcast age specific adverts to enhance service uptake among older men and also through interpersonal communication.

❖ **Increasing condom awareness and demand**

The PRISM team increased condom use awareness by working with various bars and night clubs. Bar attendants and DJs were given branded T-shirts and trained in the benefits using condoms. DJs were encouraged to announce key messages on condom use and risks associated to improper usage. PRISM continued to make available communication material on Care female condoms and male condoms countrywide. Channels used for demand creation included counseling sessions and interpersonal communications and use of community events such as traditional ceremonies and other public holidays like valentines and youth days.

❖ **Increasing awareness and demand for family planning methods**

Family Planning messages - FY13



*Fig 8. Achieved proportion of clients reached with FP messages.*

In year 4, the PRISM project reached 192,615 clients with Family Planning messages, constituting of 67,392 (35%) males and 125,223 (65%) females. A further 221,699 women received group family planning messages at family planning clinics. Another 71,611 *NewStart* clients were provided with RH/FP messages and of these 11,587 female clients were referred for family planning services. However, during implementation of IPC messaging activities, PRISM learnt that there are myths and misconceptions about LARC among providers and community members. This has contributed to the performance of LARC service provision.

However, SFH will continue disseminating FP messages through interpersonal communications and other available channels.

❖ **Interpersonal Communications (IPC):**

PRISM has expanded its IPC interventions in the delivery of key messages across the different health areas countrywide with the deployment of close to 200 volunteers, commonly referred to as Health Promoters. In year 4, 366,973 individuals were reached with HIV preventive interventions, beyond abstinence and being faithful messages, through interpersonal one-to-one and small group sessions. A further 90,922 individuals were reached with abstinence and being faithful messages. Most-at-risk populations (MARPs) including female sex workers, fishermen, long distance drivers and uniformed personnel were also targeted with HIV prevention messages. A total of 2,239 MARPS were reached in the period under review.

The IPC efforts are supported at a higher level by mass communication messages and mid-media channels that include mobile video units, roads shows and sport tournaments. IPC interventions are mostly intensified in areas with little or no access to mass media and help break down deep seated barriers and myth and, misconceptions, IPC also provides role models with an opportunity to share experiences and build skills in the potential clients.

**Task 3: Develop the ability of a commercial/private sector entity to produce and market at least one currently social marketed health product or service in a sustainable manner.**

❖ **Commercializing Activities:**

In Year 4, PRISM partner Booz Allen Hamilton was scheduled to conduct a market feasibility study to look at options for fully commercializing one or more locally produced socially-marketed product or service, including *Clorin* water purification solution. The assessment was put on hold pending findings from the Mid Term evaluation but has since been cancelled.

**Optional Task 5: Misoprostol for PPH: Increase the awareness of, demand for, and use of Misoprostol**

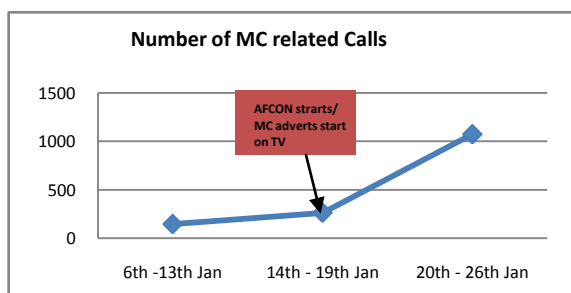
- ❖ During the PRISM Year 4, 571 healthcare providers (77% of the target) received training on how to administer Misoprostol for prevention of post-partum hemorrhage. These providers came from 377 health facilities in 14 districts, including the four SMGL districts. Following the training, 120,000 Misoprostol tablets (100% of the target) were distributed to all the facilities with trained providers during this period.

**Other Cross-cutting Topics**

- ❖ **Participation and partnership in national, provincial, district, facility and community level fora**  
PRISM continues to consult on various technical matters with MOH and MCDMCH Directors, District and Provincial Medical Officers and other senior officials on a continuous basis. These interactions occur both informally as well as more formally through regular participation in official forums and events, including Technical Working Group meetings. At Provincial and District levels, PRISM teams are part of planning meetings, Provincial/District AIDS Task Force activities and other national events.

❖ **M&E and Research**

In Year 4, the M&E teams continued collect routine services, training and sales data, carried out data quality audits and reporting of all PRISM indicators, in the supported provinces. The team has also continued collaborations with M&E staff from other partners



During the 2013 Orange Africa Cup of Nations (AFCON), SFH partnered with the Zambia National Broadcasting Corporation (ZNBC) to leverage the powerful platform of football to reach millions of fans across the country with key VMMC messages. With Zambia being the

defending Champions at that time, the 2013 AFCON provided a great platform for PRISM to reach millions of Zambian males with targeted messages for VMMC. The impact was measured

using the MC hotline 990 call information related to the VMMC during the period of the AFCON games when the adverts were aired. Results show that there was an increase in the number of VMMC related calls from under 200 calls per week to over 1,000 MC related calls per week after the launch of the adverts on ZNBC TV.

❖ **Gender Mainstreaming**

SFH disseminated the gender assessment findings to its staff and has since developed an implementation action plan. The action plan addresses both programmatic and organizational issues.

❖ **Quality Assurance**

SFH places the utmost importance in assuring the quality of its health services programs and has taken steps in the past year to institute systems for ensuring that quality. In order to achieve this, SFH in Year 4 undertook a comprehensive review of Quality Assurance/Quality Improvement (QA/QI) activities for all health services programs. The overall goal was to institute a QA system to better provide support to programs going forward. The overall results of this process were two-fold: establishment of a new QA unit staffing structure and strengthening of QA functions at platform level.

During Year 4, the Quality Assurance (QA) team provided oversight and support in monitoring and assessing the health service provision in HTC, MCH, RH, and VMMC through the following activities:

- i. Supportive supervision visits were conducted at various sites to assess performance against standards and recommendations and support for corrective action were provided when needed,
- ii. Platform and facility assessments were also conducted to ensure facilities met minimum facility/platform standards for providing health care services,
- iii. Healthcare provider assessments were conducted to measure capacity in health service provision, and supervision and mentoring provided where needed;
- iv. Periodic clinical symposiums/meetings were held at platform level in clinical topics to address gaps noted during assessments
- v. Clinical skills trainings for public sector and SFH staff were held to ensure provider technical competence in various programs:
  - a. (RH –(LARC) – 185 healthcare providers trained;
  - b. VMMC - 66 health providers trained in MC skills, and 88 individual trained in MC counseling;
  - c. MCH – 571 healthcare providers trained in use of Misoprostol for PPH prevention
- vi. Adverse Event (AE) Management review and Emergency Drills: During the period, SFH undertook a review of its AE management process and provided support to platforms in rapid response and treatment of AEs, communication and reporting procedures, and AE classification training/review. SFH also provided training in managing common emergencies to all providers in 8 platform offices